
State of Vermont**Department of Vermont Health Access**

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*Agency of Human Services***Date:** June 22, 2016**Re:** Public comment received for GCR 16-027 Modifier/Code Logic for Outpatient Claims

Comment:

The Designated Agency Billing Managers report that this proposed policy change does not appear to be a change from current practice. It is our understanding that DVHA currently checks for edits and denies if modifiers are not correct.

Please let me know if we are missing the import of this new policy.

Response:

Currently, the DVHA MMIS system does not verify if a modifier is on file when billed on an outpatient claim (UB-04). This verification only happens for physician claims (CMS-1500). Effective 7/1/16, the MMIS system will begin verifying if a modifier is on file in the system when it is billed on an outpatient claim as well. If that modifier is currently not on file in the system or if it is an invalid modifier, the outpatient claim will be denied.

